

**RECORDING REQUESTED BY:**

\_\_\_\_\_

**WHEN RECORDED MAIL TO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

Above Space for Recorder's Use Only

**AFFIDAVIT OF DEATH OF JOINT TENANT**

Assessor's Parcel Number: \_\_\_\_\_

State of California

County of \_\_\_\_\_ } ss

\_\_\_\_\_, of legal age, being first duly sworn, deposes and says: That  
\_\_\_\_\_, the decedent mentioned in the attached certificate copy of Certificate  
of Death, is the same person as \_\_\_\_\_ named as one of the parties in  
that certain \_\_\_\_\_ dated \_\_\_\_\_,  
executed by \_\_\_\_\_  
to \_\_\_\_\_

as joint tenants, recorded as Instrument No. \_\_\_\_\_ on \_\_\_\_\_,  
in Book \_\_\_\_\_, Page \_\_\_\_\_, of \_\_\_\_\_ Records of \_\_\_\_\_  
County, California, covering the following described property situated in the said County, State of California:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

That the value of all real and personal property owned by the said decedent at date of death, including the full value of the  
property above described, did not then exceed the sum of \$ \_\_\_\_\_

\_\_\_\_\_  
Print Name Signature

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is  
attached, and not to the truthfulness, accuracy, or validity of that document.

State of California

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_,  
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Official SEAL)

\_\_\_\_\_  
Notary Signature